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ABSTRACT

This report evaluates the special education instructional programs of the Des Moines (Iowa) Public Schools. It begins with a school district mission statement and special education mission statement. The report examines Des Moines' history of serving students with disabilities, its policies and regulations, enrollment by disability, and types of support services. Specific programs and support services for students with behavior disorders, learning disabilities, mental disabilities, deafness and hearing impairments, physical disabilities, vision impairments, and speech and language impairments are described, followed by descriptions of psychological services, social work services, special education consultant services, work experience coordination, and occupational and physical therapy. A section on input evaluation details projected revenue and projected expenditures for 1993-94, lists staff positions, and notes resources allocated to staff development. A section on process evaluation offers job descriptions, a flow chart of the sequence for special education intervention placement, a staff development plan, and a list of staff development sessions held. A section on product evaluation examines accomplishments, adherence to policies and regulations, results of surveys on program effectiveness and parent satisfaction, and outcomes from departmental objectives. A section on future planning concludes the report. (JDD)

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SPECIAL EDUCATION

PROGRAM EVALUATION
1993-94

April 1994

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Des Moines, Iowa 50309-3399

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Focus on Program Evaluation

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Special Education

Evaluation Abstract

Context Evaluation

Approximately 3,700 students are served daily in special education instructional programs in the Des Moines Public Schools. Throughout the year, over 5,000 students receive some form of special education service. These students are enrolled in programs designed to meet the unique needs of students with behavioral disorders, learning disabilities, mental disabilities, hearing impairments, physical disabilities and visual impairments. Through a contractual arrangement with Heartland Area Education Agency 11, the Des Moines Public Schools employs physical therapists, occupational therapists, work experience coordinators, itinerant vision teachers, speech-language pathologists, consultants, school social workers, and school psychologists. These support service personnel primarily provide services to students enrolled in special education programs. Services are also provided to typical students through consultation with school staff and direct work with students and families as needs arise. As required by law, each student has an Individual Education Plan (IEP) that addresses specific educational needs and any identified support services.

Input Evaluation

There are three primary sources for funding special education instructional and support services. They are the state and weighted funding formula, Area Education Agency (AEA) support dollars and federal dollars. These revenues support human resources, materials, equipment and transportation expenditures. Human resources consists of 312.2 special education teachers, 219 associates, 103.6 special education instructional support staff, 7.5 special education administrators, 4 special school administrators, and 8 secretaries.

Process Evaluation

The purpose of special education is to provide specialized instruction and support to students with disabilities. This is accomplished by serving students in a variety of program models designed to meet identified educational needs. The Department of Special Education develops goals on an annual basis to improve district programming and assure compliance with state and federal laws.

Product Evaluation

Special Education in Neighborhood Schools is an effort on the part of the Department of Special Education to improve the delivery of services to students with disabilities. Essentially, this project states that every child with special education instructional needs should attend his or her neighborhood school UNLESS the staffing team, through the Individual Education Plan (IEP), identifies needs that cannot be met even with reasonable accommodations.

Future Planning

Plans for improvement include implementing and expanding the concepts incorporated in Special Education in Neighborhood Schools. In addition, efforts will be made to increase collaboration with regular education and with community agencies. Other future plans include: working with the Department of Education in implementing the new Rules of Special Education, in revising current teacher licensure standards to promote flexibility in the provision of new service delivery models, and in maintaining current funding levels.

A copy of the complete report is available upon request from the Department of Information Management, Des Moines Independent Community School District, 1800 Grand Avenue, Des Moines, Iowa 50309-3399. Telephone: 515/242-7839. All evaluation reports are submitted to the Educational Resources Information Center (ERIC) and Educational Research Service (ERS).

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Des Moines Independent Community School District
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April, 1994

DISTRICT MISSION STATEMENT

"THE DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT WILL PROVIDE A QUALITY EDUCATIONAL PROGRAM TO A DIVERSE COMMUNITY OF STUDENTS WHERE ALL ARE EXPECTED TO LEARN."

DEPARTMENT OF SPECIAL EDUCATION

MISSION STATEMENT

"THE DEPARTMENT OF SPECIAL EDUCATION WILL PROVIDE SPECIALIZED INSTRUCTION AND SUPPORT TO SCHOOLS AND FAMILIES TO MEET THE EDUCATIONAL NEEDS OF STUDENTS WITH DISABILITIES."

CONTEXT EVALUATION

History

The Des Moines Public Schools has had a long and exemplary history of providing instructional and support services to students with disabilities. Most of the program development in the field of special education has been evolutionary and has reflected the political philosophy of the times. Today, special education programs and services are found in all of the Des Moines Public Schools, with support programs and services provided to non-public schools students.

Historical Perspective

1900s - 1920s	Program for students with mental disabilities
	"Visiting teacher" program (predecessors to social workers)
1930s	"Speech correctionists" (predecessors to speech-language pathologists)
	Smouse Opportunity School - served students with physical disabilities and health impairments
1940s	Physical therapy initiated
	"Developmental classes" for elementary students with mild mental disabilities
	Psychological services initiated
1950s	Slinker School - programs for students with severe mental disabilities
	North High School - vocational work-study program
	Hospital programs developed
1960s	Orchard Place and Des Moines Child Guidance Center - contract to provide programs for students with behavioral disorders
	Instructional programs developed and expanded for students with learning, behavioral, hearing/vision, and mental disabilities
	Increased judicial involvement on behalf of parents and advocacy groups
1970s	Section 504 Rehabilitation Act
	Education for All Handicapped Children Act (P.L. 94-142)
	Area Education Agencies developed
	Expansion and growth of special education programs and services
	Ruby Van Meter School opens
	Early Childhood Special Education (ECSE) developed
1980s	Building Intervention Cadres (BIC) initiated
	Transitioning Youth to Employment (TYE) initiated at Central Campus
	Building accessibility studies undertaken
1990s	P.L. 94-142 amended to Individuals with Disabilities Education Act (IDEA P.L. 101-476) mandated programs for students with autism, traumatic brain injured and transition services for all special education students
	Renewed Service Delivery System (RSDS) - initiative by State of Iowa to pilot innovative practices
	Special Education in Neighborhood Schools - initiative to return special education students to their neighborhood school
	Iowa Special Education Rules revisions - pending

While the passage of P.L. 94-142, accompanied by subsequent legislation and judicial interpretation, provided the legal impetus for growth, the role of dedicated parents and many

advocacy groups must be emphasized. Innovative and dedicated special education staff have also contributed significantly to the evolution and refinement of special education programming.

Governing Policies, Standards and Regulations

The provision of special education support services, as well as special education instructional programs, is governed by many different rules and regulations. In order to be in compliance with these laws it is necessary to have complete familiarity with them as well as the case law that resulted from their passage and subsequent challenges in court. Brief descriptions of the policies, standards and regulations that affect special education support services in general and specific standards for each area are provided below.

Special education support services are governed by regulations outlined in P.L. 101-476, the Individuals with Disabilities Education Act (IDEA). These regulations require that all students, regardless of the severity or type of disability, receive a free, appropriate public education (FAPE) and that this education be with non-disabled children to the maximum extent appropriate (Sec. 121a.550). A continuum of placements from full-time regular education or special classes to special schools or hospital programs must be available. Support services are defined as "...transportation and such developmental, corrective, and other supportive services as are required to assist a disabled child to benefit from special education..." (Sec. 121a.13). Guiding the provision of any service to children are specific due process procedures insuring that parents are fully informed relevant to the service(s) and that they provide written consent for formal evaluation and placement (Sec. 121a.500).

An outline of the pertinent legislation is provided below.

Section 504 of the Rehabilitation Act of 1973
- Prohibits discrimination against handicapped in employment
- Prohibits exclusion of handicapped from federally assisted programs
- Requires building accessibility for handicapped
- Requires non-discrimination in schools

Education of All Handicapped Children (P.L. 94-142)
- Mandates free appropriate education
- Mandates least restrictive environment (LRE)
- Mandates Individual Education Plan (IEP)
- Mandates procedural safeguards

Carl Perkins Vocational Education Act (P.L. 98-524)
- Mandates equal access to vocational programming
- Requires vocational assessment
- Requires curriculum adaptation
- Requires counseling services

Education of the Handicapped Act Amendments of 1986 (P.L. 99-457)
- Mandates special education services for all 3-5 year olds
- Requires instruction for parents
- Provides voluntary participation to serve infants, toddlers and families (birth-2).

Individuals with Disabilities Education Act (P.L. 101-476)
Amends P.L. 94-142
Includes autism and traumatic brain injury
Includes transition services

"Rules of Special Education" Code of Iowa 670, Ch. 12
Provides definitions, program models, class size, support services, licensure, transportation, tuition students, special schools provision, evaluation and placement, facilities, finance and appeal procedures

"Manual of Policies and Procedures, Special Education, Des Moines Public Schools"
Provides Referral/Staffing procedures, guidelines for programs and services, three year reviews, least restrictive environment, facilities, evaluation, IEP, record keeping, confidentiality, procedural safeguards, and graduation.

Overview

Special Education Program

Each student enrolled in a special education program must meet state and federal eligibility guidelines and must have an Individual Education Plan (IEP) as required by law. The IEP is developed on at least an annual basis by, at minimum, the parent, special education teacher and the building administrator. The IEP includes (1) a statement of the child's present level of educational performance, (2) a statement of annual goals in each area of need, as well as short-term objectives, (3) a statement indicating which special education and related support service will be provided, (4) a specific indication of the extent to which the child will participate in the regular education program, (5) a projection of the dates services will be initiated and anticipated duration of services, (6) a statement or procedure for annual evaluation of the objectives and goals, and (7) a statement of needed transition services.

Most special education students are enrolled in regular education classes and receive special education assistance from a resource teacher. These students receive the same course content from the regular education teacher as other students but may also receive tutorial or remedial assistance with curriculum modifications and/or adaptations.

Special education students who do not benefit from regular education course content may receive a parallel curriculum provided by a special education teacher designed to meet individual needs. A small number of special education students are in need of an alternative functional curriculum that emphasizes daily living skills, personal/social skills and occupational guidance and preparation. Detailed curriculum information is available from each special education supervisor.

Instructional Methods

Special education programs are designed to foster the development and growth of students who have not been successful in regular education programs. The instructional methods utilized by special education teachers are as varied as the students they serve. Educational information is assessed, individual needs are identified and an IEP is developed prior to special education placement. Effort is made to match instructional strategies to student learning styles. Instructional methods that are used include: individualized instruction, small and large group learning, prescriptive teaching, cooperative learning, computer-assisted instruction, and behavior management.

Program Models

There are eight program models currently recognized by the Iowa Department of Education. These program models are arranged on a continuum from minimum to maximum special education intervention. The program models are applied to each categorical disability and specify the pupil-teacher ratio.

The Iowa Department of Education proposed new rules in December, 1993, that rearrange the program models to three levels and give districts increased flexibility in serving students on a multicategorical basis. The Des Moines Public Schools Department of Special Education supports this proposed rule change.

Enrollment

As of December 1993, there were a total of 3,752 special education students served in the Des Moines Public Schools. Of that total, 3,497 students were residents of Des Moines and 255 were tuition-in students from other school districts. In addition, 202 resident Des Moines students were tuitioned out to other districts as a result of Department of Human Services placements in residential facilities or foster homes.

The table below lists enrollment by categorical disability and by program model.

SPECIAL EDUCATION ENROLLMENT BY DISABILITY

DECEMBER 1993

PROGRAM MODEL	AT	BD	CM	HI	HJ	LD	MD	PD	VI	NC	Total
RO	0	0	0	3	0	0	0	35	0	1	39
RC	2	164	4	12	1	1,017	322	26	3	112	1,663
SI	0	61	5	7	4	210	100	10	4	2	403
CC	1	204	14	2	0	115	472	8	2	130	948
CS	14	250	0	27	1	1	134	2	0	15	444
Subtotal	17	679	23	51	6	1,343	1,028	81	9	260	3,497
Tuition-in Students	**1**	**114**	**0**	**21**	**0**	**10**	**103**	**0**	**1**	**5**	**255**
Totals	**18**	**793**	**23**	**7**	**6**	**1,353**	**1,131**	**81**	**10**	**265**	**3,752**

Key: Disability
- AT - Autistic
- BD - Behavioral Disorders
- CM - Communication Disabilities
- HI - Hearing Impaired
- HJ - Head Injury
- LD - Learning Disabilities
- MD - Mental Disabilities
- PD - Physical Disabilities
- VI - Vision Impaired
- NC - Non-Categorical

Program Model
- RO - Supplemental Assistance
- RC - Resource
- SI - Special Class with Integration
- CC - Self-contained
- CS - Self-contained, severe

NOTE:
Figures do NOT include:
1. Homebound instruction
2. Speech and Language Services only
3. Tuition Out

SPECIAL EDUCATION SUPPORT SERVICES

Special education support personnel are assigned to all schools, and also serve parochial schools. They are involved in a variety of activities that support the student's IEP or the student's program. They also play an integral part in initiatives that are taking place at the building and district level.

Position	Full Time Equivalent	Position	Full Time Equivalent
Consultants	18	Psychologists	15.9
Home Interventionists	6.8	Social Workers	15.7
Itinerant Vision	1	Special Education Nurses	3
Occupational Therapists	6.9	Speech-Language Pathologists	26.1
Physical Therapists	4.2	Work Experience Coordinators	6
Total Staff 103.6			

Programs

It is understood that prior to any student referral, various interventions and procedures have been implemented to resolve existing instructional or behavioral problems. Parents are contacted when a student experiences difficulty and are informed of the nature of the problem and efforts being made to resolve it. If modifications and interventions are unsuccessful, students are referred, staffed and may be placed into a special education program. The following is a brief description of these programs and support services.

Behavioral Disorders (BD)

*Nathan is a 2nd grade student currently attending the Behavioral Disorders Program at Smouse School for students with severe disabilities. He was removed from his natural parents at the age of 1 and was served solely in residential or hospital settings until the age of 5. Through extensive interagency planning, he returned to Des Moines in 1992 and was placed in a long-term therapeutic foster home and assigned to Smouse School. At the time of his placement in the Smouse program, Nathan was exhibiting severe behavioral problems which included frequent episodes of biting, hitting and lashing out at anyone near him. He needed one-to-one supervision at all times and was unable to attend to task for more than 30 seconds at a time. Since then he has made significant progress, both academically and behaviorally. He has not had a major episode of physical aggression in the last six months, is reading at grade level, and has recently been integrated into a comprehensive elementary school on a half-day basis. Current plans are to integrate him full time into the elementary school for the 1994-95 school year.**

* Vignettes for special education programs and support services represent actual cases. Names have been changed to ensure confidentiality.

Program Description

Students with behavioral disorders exhibit patterns of situationally inappropriate behavior which deviate substantially from behavior appropriate to their age and significantly interfere with their learning process, interpersonal relationships, or personal adjustment. These patterns of behavior may fall into one or more of the following clusters: Cluster I--significantly deviant disruptive, aggressive or impulsive behaviors; Cluster II--significantly deviant withdrawn or anxious behaviors; and Cluster III--significantly deviant thought processes manifested with unusual thought patterns and/or behavior.

Students with behavioral disorders in Des Moines Public Schools are served through a full continuum of special education services: (1) resource, self-contained, and severe programs in the regular school setting (K-12); (2) severe programs in the alternative school settings (6-12); (3) day treatment programs--Child Guidance Center (K-7), Focus Day Treatment Program (jointly operated by DMPS and Broadlawns Hospital--K-8), and Porter Avenue Center for Education (PACE) (jointly operated by DMPS and Orchard Place--6-12); (4) acute psychiatric care hospital programs at Broadlawns (6-12), Methodist (6-12), and Lutheran (K-12); (5) residential care programs at Orchard Place (K-12); and (6) specialized programs for students with autism and autistic-like behaviors operated in regular school settings (K-8).

Behavioral Disorders programs assist students in understanding and gaining control of their behavior and acquiring the coping skills necessary to re-enter the mainstream school environment. Three components are utilized in this process: (1) an overall classroom behavioral management system which clearly states behavioral expectations, consequences, and rewards; (2) an individualized behavioral program for each student as delineated in the IEP; and (3) direct social skill instruction (both group and individual) which focuses on helping students understand the causes of their misbehavior and on building their repertoire of appropriate, pro-active school-coping behaviors. It should be noted that in Behavioral Disorders programs operated in clinical settings, special care is given to coordinating the classroom behavioral program/instruction with the clinical services provided to ensure consistency in the overall treatment plan for the student.

Content

Appropriate academic and vocational instruction is also important to students with behavioral disorders and receives heavy emphasis. Due to the wide range of abilities and functioning levels exhibited by these students, a three-strand curriculum has been developed and implemented: Strand 1--the regular district curriculum utilizing the regular texts, goals, and objectives for students operating at or above grade level; Strand 2--a parallel curriculum which teaches the district objectives but which utilizes alternative texts and strategies when necessary for students who are operating one to two years below grade level; and Strand 3--a functional, life skills curriculum for students with limited intellectual abilities.

The curriculum offered within the autism classrooms focuses on developing appropriate socialization skills, self-care skills, receptive and expressive language skills, and academic skills. The academic curriculum offered varies greatly depending on students' individual needs, and a typical classroom may have some students operating at the readiness level while others may be at or above grade level. Due to the splintering of skills which often accompanies autism, an individual student may be operating at varying levels in different subject or skill areas.

The short-term nature of the treatment programs (14 to 30 days), dictates that the curriculum in the hospital classrooms (Broadlawns, Lutheran, and Methodist) focus on maintaining students in their home-school curriculum. Hospital teachers work closely with the students' sending schools and whenever possible utilize the same texts, assignments, goals, and objectives. These hospital teachers are also skilled in academic and behavioral assessment and provide these services as appropriate.

Anthony S. is a 4th grade student who was initially staffed for learning disabilities in grade 2. Parents have indicated problems with attention at home as well as at school. Family doctor has prescribed Ritalin and Anthony is monitored closely. After receiving maximum assistance in the resource program and having classroom teachers make reasonable accommodations in his reading instruction and minimizing distractions, he was recommended for a more restrictive program, LD self-contained, in 3rd grade. At this point, he is making progress in the class of 10 students. The special education teacher can use a whole language approach, but place more emphasis on repeating sounds and words orally, which is the best learning modality for Anthony. It is anticipated that Anthony will continue to have difficulty in school because of his deficits in short term memory and attention deficit disorder. It will be important for the school and home to work closely together in the next few years as Anthony begins adolescence. Anthony is active in Boy Scouts and has shown talent in art. His art work has been displayed at school and students in his LD class want him to help with drawing activities. Anthony appears to enjoy the attention this brings.

Program Description

Students with learning disabilities are of average intellectual ability but exhibit a severe discrepancy between potential and achievement in one or more areas of school readiness, basic reading, reading comprehension, math calculation, math reasoning, written expression, or listening comprehension. Such exclusionary factors as sensory deficits, mental health problems, and prior educational history must be considered and found not to adequately explain the academic deficit.

Students with learning disabilities in Des Moines Schools are generally served in resource or self-contained programs. The focus of the resource program is to provide intensive drill and practice in academic deficits during the time spent in the resource room and to work cooperatively with regular classroom teachers to modify the instructional content and/or environment. In recent years, some students with mild learning disabilities have been served within the regular classroom. This collaborative consultation model has gained more acceptance and impetus from the state Renewed Service Delivery System (RSDS). The focus in the learning disabilities special class with integration program is to provide parallel curriculum with appropriate modifications. These students are integrated into regular classes, according to the Individual Education Plan (IEP). For those students requiring major modification of curriculum due to severe learning disabilities, self-contained programs are available.

Content

Students in resource programs are educated through the regular curriculum the majority of the day with 30 minutes to two hours of remediation in basic skill deficit areas. Instructional methods in resource and modifications in regular class reflect more variety in teaching to learning styles and modalities.

Students in self-contained programs progress through a parallel curriculum using district content area learning objectives. Additional components of the learning disabilities curriculum are social skills, beginning with elementary students and vocational awareness, interest, exploration, and work experience with middle and high school students. Due to the emphasis on parallel curriculum, the learning disabilities self-contained programs utilize district textbooks whenever possible with modifications in presentation and pacing.

The Kansas University learning strategies model has been used in many of the learning disabilities resource and self-contained programs since 1984. These strategies emphasize teaching the learning disabled students how to learn in highly structured teaching episodes using mnemonic devices.

The goal of this research-based model is to have the students generalize their study skills to meet the demands of the regular classroom. A consultant and learning disabilities teacher have been trained to teach the learning strategies.

Mental Disabilities (MD)

Laura is an 11th grade student at Hoover High School with Down's syndrome. She has been served in special education since early childhood and, at one time, attended Smouse School. Her parents indicated they wanted Laura to attend a regular school in an integrated setting. She attended Meredith Middle School, where she was involved in a vocational program at Methodist Hospital. She has attended the TYE vocational program at the Central Campus and through the assistance of her work experience coordinator, Laura has a part-time job in food services. She is saving money to buy her own TV. She may attend Hoover until she is 21.

Program Description

Over one thousand students with mental disabilities are served in various special education programs within the Des Moines Public Schools.

Mental disability is the inclusive term denoting significant deficits in adaptive behavior and sub-average general intellectual functioning. For educational purposes, adaptive behavior refers to the individual's effectiveness in meeting the demands of one's environment and sub-average general intellectual functioning as evidenced by a performance greater than one standard deviation below the mean (IQ = 84) on a reliable individual test of general intelligence valid for the individual pupil.

Students with mental disabilities are served in resource, self-contained with integration, self-contained with little integration and special school settings. Smouse School serves elementary students with severe disabilities. Ruby Van Meter School serves middle and high school students with severe disabilities through age 21. Preschool students are served in the Early Childhood Special Education program. (See Early Childhood Education Program Evaluation Report, March 1994.)

Students with severe, moderate and mild mental disabilities attend regular elementary, middle and high schools and are mainstreamed into regular classes as specified on their Individual Education Plan (IEP). Individual goals and objectives are developed and taught by the mental disabilities teachers. The purpose of the program is to provide students the opportunity to develop the attitudes, knowledge and skills necessary to function within the community as independently as possible.

Content

Students with mental disabilities are diverse in their abilities and their potentials for learning to become independent. As a result, a continuum of curriculum options has been developed.

The curriculum for students with moderate/severe mental disabilities consists of instruction in Functional and Life Space Domains. The Functional Domains address academics, communication, personal care, social/behavioral and motor skills. The Life Space Domains address home living, community mobility, recreation/leisure, career/vocational. As students get older, increasing educational emphasis is placed on career/vocational training and experiences.

The curriculum for students with mild mental disabilities served in self-contained programs is an alternative curriculum that emphasizes social skills training and functional academics at the elementary level. At the middle and high school level, the curriculum utilizes functional academics

to support the areas of daily living skills, personal/social skills and occupational guidance and preparation.

Students with mild mental disabilities served in resource programs receive a parallel curriculum or the regular curriculum with modifications.

Work experience is available to all high school students with mental disabilities. Students participate in a variety of work situations in the school or the community that assist them in determining their career goals. A strength of the work experience component is the ability of the work experience coordinator to facilitate activities between the school, employer, the student and the home. The competencies needed by a student to perform on the job duties are taught and reinforced in the classroom.

In addition to work experience, students attend the Transitioning Youth to Employment (TYE) program at the Central Campus. The TYE program provides vocational assessment, pre-vocational and exploratory skills for all eligible special education students.

Deaf and Hard of Hearing Program (HI)

Matthew is an 8 year old, 3rd grade student with a profound hearing loss. He comes from an English as a Second Language family. He entered the special preschool for deaf and hard of hearing students at age 3. He entered a self-contained program for deaf students when he became school age. Since kindergarten, Matthew has spent an increasing amount of time in a regular class with a sign language interpreter. In addition to the special class, he has received intensive speech pathology services, classroom amplification, and sign instruction for his family. Students like Matthew are served in a day program at Lucas School in Des Moines. Over the past few years, Lucas has worked to develop a bilingual school approach to the education of deaf students. This has involved inservice and sign language acquisition for many of the mainstream teachers in this building.

Program Description

Des Moines serves youngsters who are deaf or hard of hearing from birth through high school. Infants are served on an itinerant basis. Center-based programs for preschool and elementary students are at Lucas Elementary School. Callanan Middle School and Roosevelt High School have classrooms for secondary students. Support services include speech pathology, audiology, sign language interpreters, psychology, and social work. Classroom amplification equipment is provided for each elementary student. Middle and high school students utilize this equipment on a case-by-case basis.

Students who are deaf or hard of hearing may be served in a special class for all or part of the day. The amount of service is based on the individual need of each student as determined by the IEP. Most students are mainstreamed at least part of the day and attend regular classes with sign language interpreters. The program is currently experimenting with parallel teaching. This allows a teacher of the deaf to go into the classroom to interpret and make adaptations for these students in this setting. Parallel teaching permits more students to be mainstreamed into regular classes.

Most special education programs strive to have students attend their neighborhood school. This is not a goal for many students who are deaf. The National Commission on Education for the Deaf strongly recommends homogeneous grouping when programming for this population. This not only ensures appropriate programming, but provides a peer group which is critical for social/emotional development.

Home-school communication is also critical to the skill development of these youngsters and the staff plays an important role in educating parents regarding the ramifications of hearing loss. Sign language instruction and resources are provided to parents through inservice programs and teacher contacts.

The major objective of the program is to help students realize their full potential. For some students, this involves taking advantage of vocational options at Central Campus in order to prepare for a job after high school. For others, the goal may be to continue developing basic skills in order to allow them to pursue post-secondary training at a vocational school, a specialized college program, or at regional colleges and universities. Numerous community agencies are involved in assisting these students.

Content

Total communication is used in all deaf and hard of hearing classrooms. This practice incorporates speech and sign language simultaneously. Emphasis is placed on residual hearing, amplification, speech reading, facial expression, and body language as ways to further promote communication. All special education staff who work in this program are expected to be fluent in Signed English. Other sign systems are used with individual students when appropriate.

Language development is the most critical deficit area for students who are deaf or hard of hearing. Language deficits negatively impact cognitive, academic, social, and behavioral development. Therefore, the deaf and hard of hearing program has a strong language-based component at all levels. Language programming may encompass a majority of the instructional day with preschool and early elementary students. A language base must be established before academic skills can be learned. Consequently, these students often begin formal instruction in reading, writing, and math later in their school careers when compared to their hearing peers. A strong focus on basic academic skills is maintained throughout high school. The curriculum includes: (1) the regular Des Moines Public Schools curriculum; (2) a parallel curriculum utilizing alternative texts and materials; and (3) a functional life skills curriculum. Curriculum options are based on individual student needs.

Since selection of program sites has been based on space availability, the deaf and hard of hearing program is currently unable to use the feeder school concept. Once children complete the fifth grade at Lucas, they are sent to Callanan, while their hearing peers go to east side middle schools. This often severs friendships and limits social growth. In addition, hearing youngsters who have developed sign skills no longer have an opportunity to use and maintain this talent.

Staff development is an ongoing component of the deaf and hard of hearing programs. Staff and parents continue to address the areas of curriculum development, understanding the deaf as a cultural/minority group, and in establishing a parent support group.

Physical Disabilities (PD)

Phillip is a student in middle school who has physical disabilities. He uses a wheelchair and attends regular classes, although he needs some physical assistance in class to position materials, turn pages, and do some activities. He does most of his class work on a computer which he carries from class to class. It takes Phillip a long time to complete work, but with the assistance of an associate, he is able to keep up with his classes. Phillip will always need adaptations to accommodate his physical disabilities, but he is looking forward to graduation and college.

Program Description

Students with physical disabilities have impairments of an essential body structure, system, or function. These may be orthopedic or neuromuscular in nature. Special adaptations may be needed for ambulation or mobility. Students with health care needs also are served in this program and may need catheterizing, assistance with transfers and toileting.

Students with traumatic brain injuries (head injuries) have changed the complexion of the Physical Disabilities program. These students often need more intensive services in the first few months of recovery as they work to relearn lost skills. Students are served in a variety of categorical programs determined by their individual needs.

There are two classrooms serving approximately 12 students with physical disabilities at the elementary level. Other students with physical disabilities who need services attend resource and/or regular education classes and receive support services as deemed necessary. Approximately 50 students are served in this capacity.

More students are served at the elementary level than at the middle or high school levels. Often students at the elementary level need special assistance for a few years and with special training are then able to progress with minimal or no assistance.

Content

The majority of students with physical disabilities are served in regular education classes or multicategorical resource rooms and follow the curriculum of those classes. Through the assistance of occupational and/or physical therapists, the students' needs to develop gross and fine motor skills are addressed. Students learn to manage physically getting from one room to another, transferring from one chair to another, and managing the demands of physical education, bathrooming, and lunch line. Students who require fine motor skills work on handwriting, typing, or other substitutes for writing, hand strength, and manipulation.

Students with head injuries (HJ) have unique needs in the areas of organization, judgment, social skills, and memory. Since these students are served in regular MD, BD, and LD classes based on each student's primary area of need, many teachers across the district continue to be trained in making special accommodations and providing strategies to assist students cope with their disabilities. The district Head Injury Resource Team provides information specific to student and teacher concerns and staff in the Hospital/Homebound Program work closely with schools receiving these students.

Vision Programs (VI)

Kelly is a 4th grader who has been blind since birth. She attends the vision resource room in order to learn Braille and other skills related to classroom functioning. She is excited to be in 4th grade and work with the typical 4th graders on her academic skills. The other students are enjoying learning Braille. In addition to her classroom work, Kelly is learning orientation and mobility skills so she can get around the building and the community on her own. By the time she reaches middle or high school, she should be able to use the public transit system to get around town. At present, she is doing very well using her cane to get around the school.

Program Description

Students in need of vision services are served by either the itinerant vision teacher or the vision resource teacher. Currently, there are 30 students identified as needing vision services. These students attend 17 different schools. Four are served in the half time elementary resource room

and two in a half time high school program. Twenty-six receive services on an itinerant basis ranging from daily services to one or two visits each semester by the itinerant teacher. Many students are served in regular education classes. These are generally students who need large print materials, work transcribed into Braille, and possibly orientation and mobility (O & M) training around the school and community.

Content

Students who need additional assistance in academic areas or intensive skill training in Braille or mobility are served in the vision resource classrooms. Mobility primarily addresses cane skills used within buildings, crossing streets, using sidewalks, and finding entrances to buildings. The regular curriculum is followed for most students. A few students demonstrate problems with the regular curriculum and use alternatives such as Touch Math or the Edmark Reading Series.

Speech-Language Services

As a four year old, Joshua J. was referred by his mother because of speech and language concerns. Mrs. J. noted that Joshua's speech was extremely difficult to understand and he was getting frustrated and hesitant to talk. The speech-language pathologist, after evaluating Joshua, enrolled him for speech-language services at his neighborhood school. Mrs. J. brought him to school two mornings a week for services until Joshua entered kindergarten. Joshua is now in 2nd grade and performing well at school. He readily volunteers, is easily understood, and all involved agree that he will soon be ready to be dismissed from services.

Program Description

During the 1993-94 school year, 1,403 students received speech-language services. Of these, 782 students were not enrolled in any special education program. The remaining students receiving speech-language services were enrolled in other special education programs as follows: Deaf and Hard of Hearing, 66; Behavioral Disorders, 57, Learning Disabilities, 120; Mental Disabilities, 272, Physical Disabilities, 10; Visual Impairment, 0; and Severely/Profoundly Handicapped, 55. The total number also includes 133 children under the age of five who receive speech or language services.

In addition to those students receiving remediative speech-language services 2,089 pupils received a speech-language adequacy screening and 1,175 pupils received a comprehensive diagnostic speech-language evaluation as a result of screening, referral or follow-up. Speech-language pathologists provided speech-language development/improvement programs and pre-evaluation services in the classroom for 1,297 students.

In order to receive speech-language services, a student must experience a disorder in one or more areas of communication development. Articulation problems may exist with children who don't develop sounds at expected age levels. Language problems may occur in one or more of the following areas:

1. Syntax--the ability to structure sentences correctly.
2. Pragmatics--the ability to listen and speak appropriately in social situations.
3. Vocabulary--the ability to understand and use an adequate number and type of words.

Voice problems may exist with children who have voices which are not common for their age and sex (i.e., hoarse, excessively loud, nasal). Fluency (stuttering) problems may exist with children whose flow of speech is disrupted by sound and word repetitions, silent blocks, or lengthening of sounds.

Any child (including those in non-public schools) birth to graduation may be identified and served by the speech-language pathologists in the Des Moines Public Schools. Students are identified in the following ways:

1. Referrals--teachers, medical personnel, school staff members, daycare providers and parents make referrals to the speech-language pathologist.
2. Screening--based on observations in the classroom, the speech-language pathologist and the teacher determine children exhibiting communication differences which require more extensive evaluation.
3. Evaluation--after obtaining written permission from the child's parents, tests are given to determine the existence of an articulation, voice, or fluency problem.

Content

After it is determined that a student exhibits a communication disorder, the speech-language pathologist meets with parents to develop a remediation plan called the Individual Education Plan (IEP). Goals and objectives are written to address the child's specific communication needs. The following program options are available:

1. Individual or small group sessions in the public school building for school age students.
2. Individual or small group sessions in the public school building for preschoolers.
3. Communication training in special education classrooms.
4. The Kindergarten Language Enrichment Program (KLEP), a half-day option for kindergartners with moderate to severe speech and language impairments.
5. The Early Childhood/Special Education program, a half-day program for preschoolers with identified disabilities.
6. Consultation to parents and teachers for all children identified as having a communication problem.

Students are served in a variety of ways when they are receiving clinical speech/language services. Des Moines Public Schools' speech-language pathologists, in conjunction with Heartland AEA 11, have established and utilize a Levels of Service Guide for use in determining type and amount of service based on the severity of the communication problem and services received from other personnel (on file in the Department of Student Services).

Psychological Services

Jonah was referred by his first grade teacher in 1988. He was experiencing problems in all academic areas and exhibited very disruptive behavior in class on numerous occasions. The school psychologist designed a behavior management program for Jonah in consultation with the teacher and parent. Speech and language evaluation showed articulation skill delays. The results of psychological evaluation indicated borderline ability, low self-esteem, fear and anger. Jonah's family moves frequently and he has been in several schools. He was placed in a self-contained special education class for behavior disordered students. Individual counseling by the school psychologist was initiated. Speech and language services were also provided. A follow-up evaluation in 1990 showed that speech has improved but special education program was still appropriate. In 1992, family moved to another district but returned to Des Moines this year. Jonah has been placed in behavior disorders special program at middle school level and a review of his progress is scheduled. The psychologist has already resumed individual counseling with Jonah.

Program Description

Sixteen school psychologists (15.9 FTE) are providing psychological services to all the public and non-public schools in Des Moines. The services include consultation, assessment, counseling,

inservice education, liaison with community agencies and educational research. Human resources are allocated according to student needs and program locations. One full-time psychologist is assigned to the Preschool Handicapped program, one full-time at Van Meter school, and one half-time to the Deaf and Hard of Hearing program. Typically, a school psychologist devotes one day per week in each building. All non-public schools are served on an on-call basis. The following services are provided by the school psychologists:

1. Evaluate students with academic, social, and emotional problems:
   a. Administer standardized, criterion referenced, and projective tests.
   b. Conduct formal classroom observations.
   c. Interview students, parents, and school staff.
   d. Compile relevant information from existing records.
   e. Integrate all records into a written report following the format established by the district.
2. Attend staffings to develop a diagnosis, discuss intervention strategies, make recommendations, complete documents for program placement and monitor progress and intervention plans.
3. Conduct three-year re-evaluations on students in special education programs.
4. Assist students, parents, and school staff in establishing procedures for behavior management.
5. Disseminate evaluation data to other schools or outside agencies upon parent request.
6. Provide consultation to parents, school staff, and administrators regarding students experiencing difficulties in school.
7. Provide individual and/or group counseling to students.
8. Provide in-service to parents and school staff.
9. Conduct professional and applied research.
10. Provide supervision to interns and practicum students.

Content

In response to implementation of Iowa Law 281 in 1975 and federal legislation P.L. 94-142, the school psychologists were primarily involved in identification, assessment and placement of students in special education programs. Over the last 18 years, the role of school psychologists in Des Moines has changed significantly. As the level of services increased during these developing years, so did the expectations of parents and school personnel.

The school psychologists are required to provide services to every public and non-public school. The influx of refugees from Southeast Asia, mobility, economic, societal and technological changes have created additional populations to be served. The problems of students are more complex and severe because of diversity which exists in Des Moines. The school psychologist to student ratio of 1:2,000 in Des Moines is one of the highest in the state.

A school psychologist with signing skills is providing counseling services to deaf and hard of hearing students at Lucas, Callanan and Roosevelt schools. The monthly service report has also been revised in order to collect data which will reflect the school psychologists' activities more adequately. The psychologists are retooling their skills through in-service and staff development activities in order to serve the changing needs of students. The main emphasis is on problem solving approach, inclusion issues, autism, attention deficits and brain injured students.

Social Work Services

Melissa attended a mental disabilities program in an inner-city school. She was consistently absent from school at least one day every week and her teacher filed an unsatisfactory attendance report because..."Melissa is functioning about two years below grade level. Due to her frequent

absences, it is difficult for her to learn and maintain skills presented at her level. It is also difficult to do the necessary formal and informal testing required in the program. Melissa is an obedient child who really enjoys our class and is very receptive when present."

The parent was summarily charged with a truancy violation and found guilty. The court ordered the parent to keep Melissa in school on a regular basis until a satisfactory report from the school was provided to the court. The teacher's final report indicated..."Melissa has missed only one day of school and is arriving on time. Her consistent attendance has helped her academic progress significantly. She displays a very eager attitude toward learning and is a super role model for her peers. She has completed the school year with satisfactory attendance."

School social workers collaborate with a variety of school personnel and parents to develop plans for students at risk that result from such conditions as: handicapping and educational disabilities, family disruption, discrimination, poor self-esteem, child abuse, domestic violence, drug-alcohol abuse, teen pregnancy and parenting, poverty and unemployment, emotional problems, suicidal behavior, ineffective school procedures, poor attendance, and leaving school prior to graduation. The direct and indirect services by school social workers are provided in conjunction with other Student Services support personnel.

Program Description

The social ills, personal and family problems that may be encountered by a student exert a tremendous pressure that may place the student at risk of educational failure. Although teachers and curricula are central to a quality education, these other complex factors create a very detrimental influence on a student's interest and ability to benefit from their school experience. These various factors within:

The child--begin to affect the ability and motivation to learn.
The family--begin to affect how it prepares and supports the child for school.
The community--begin to affect the social, economic and cultural conditions that influence a child's behavior in school and attitude toward learning.
The school--begin to affect the extent to which the overall educational climate facilitates learning.

Content

When the significant factors impeding the child's school performance have been identified, the school social worker will participate in planning and delivering services through an intervention process in three major areas:

1. Problem Solving
   A task of problem definition and resolution. During the intervention phase of this process, the school social worker will attempt to discover how the problem emerged. A service planning stage of intervention follows where an individual plan based on the collected information will be developed to meet the child's identified needs.
2. Communication Skills
   The educational process involves a continuous interchange of both objective information (test results and grades) and subjective information (common concerns and differing views of the origin of the problem). By acting as a communicator, interpreter and mediator, the school social workers can help:
   (a) parents understand their rights, assessment procedures and results, program options, school concerns, and how the parent may help with school goals and objectives at home,
   (b) the school social worker may help school personnel understand the parents' view of the child and the school's role in the child's life, and
   (c) the school social worker can help parents and school personnel resolve differences and regarding issues of home-school conflict.

3. Liaison with Community Resources
School social workers have a working relationship with agencies and services available in the community that could be beneficial to the student. Traditionally, school social workers have worked closely with the Departments of Human Services, mental health centers, Juvenile Court personnel, etc. School social workers are therefore very effective in coordinating referrals for services outside the educational system.

Special Education Consultant Services

Barbara B. is a 3rd grade student who moved to Des Moines from St. Louis. That school indicated to the consultant in a telephone conversation that Barbara was staffed into a learning disabilities program. The consultant worked with the parent and the school to complete a staffing report. The consultant administered a curriculum based measurement probe in reading and math. This information was shared with the staffing team and the consultant assisted the teacher in developing Barbara's IEP. As a result of the consultant's involvement, Barbara did not have any interruption in her special education program.

Program Description
The consultant is the instructional specialist who provides ongoing support to special and general educational personnel. The consultant participates in the identification process and program planning for those individuals, as well as working to attain the least restrictive environment appropriate for each individual requiring special education.

Content
Special education consultants are part of the Student Services teams that are assigned to the district's schools. They support special and general education teachers by demonstrating instructional procedures, strategies and techniques; assisting in the development of curriculum and instructional materials; assists in transition planning; provides expertise in classroom management and behavior intervention; and provides continuing education and training to special and general education staff.

In addition, they are responsible for: compliance monitoring, roster updates, the state's special education count in December, student transportation arrangements, year-to-year program planning, materials orders, coordinating teacher transition meetings to review students changing buildings and levels, regular monitoring and evaluating of IEPs, reviewing staffing documentation for due process, and verifying special education placement needs when new students move into the district.

Work Experience Coordinator (WEC)

Ray F. is a student with behavioral disorders who attends Alternative North High School. He attended the TYE Program at Central Campus as a 10th grade student, where he received vocational assessment and exploratory classes. Ray's WEC placed him in the vocational program at Iowa Methodist Hospital. His progress was monitored by the WEC. Ray was counseled by the WEC on a weekly basis and was assigned a mentor. Ray graduated in the spring of 1993 and is employed full time at Iowa Methodist Hospital.

Program Description
Six WECs are assigned to the district's high schools. The WEC plans and implements vocational experiences for special education students. This includes the development of a Transition Plan, which is a required component of each student's IEP. The Transition Plan addresses instruction, community experiences and development of employment and other post-school adult living objectives. A Transition Plan is developed on an annual basis for every student who is 14 years old or older and who is enrolled in special education.

Content
The WECs work closely with special education teachers to design and implement vocational activities and experiences for special education students. These experiences can be regular vocational classes, the Central Campus TYE program, and community experiences within the public and private sector, ranging from sheltered workshops to competitive employment. A major component of WECs role is to develop job sites, match students to vocational options, and supervise and monitor students.

Occupational and Physical Therapy

Jonathan is a regular education student in 2nd grade who has cerebral palsy. A physical therapist works with him weekly to improve his ambulation and mobility around the school, which includes use of the restroom, participation in physical education, and maneuvering around the lunchroom. Without therapy, he would continue to bhave difficulty getting from one place to another and need assistance from others at times. The therapist works with Jonathan's teacher to help her provide the necessary support to Jonathan throughout the week. His teacher and therapist are optimistic that Jonathon will no longer need therapy services by the time he leaves elementary school.

Program Description
The district now has three programs to which occupational therapists and physical therapists (OTs and PTs) are assigned: Smouse/Ruby Van Meter, Itinerant Team, and Early Childhood Special Education (ECSE). Full time equivalent assignments are:

1.0 OT at Ruby Van Meter
3.6 OTs and 3.2 PTs with the Itinerant Team
2.3 OTs and 1.0 PT with the Early Childhood Special Education Program
1.0 Certified Occupational Therapy Assistant (COTA) with the Itinerant Team

Occupational therapists serve approximately 327 students and physical therapists serve approximately 171 students. The majority of students receiving occupational therapy and/or physical therapy are in special education classrooms. Others are in regular education programs but need occupational therapy or physical therapy support.

Content
Therapists design interventions to meet the individual needs of students. Those needs determine the model of service delivery, the level of service and the method of therapeutic intervention. Students receive therapy only for problems which hinder their successful functioning in an educational program.

Therapy is provided in one of three service delivery models: direct, integrated, or consultative. Direct therapy is done in an isolated setting. The therapist removes the student from classroom activities and works with him/her on a prescribed set of activities. Integrated therapy involves the therapist working with the student in the classroom setting and working closely with the classroom teacher to ensure that techniques designed for the student are carried out throughout the student's

educational program. A wide variation exists in the level of services provided by occupational therapists and physical therapists. Therapists may see students several times each week, monthly, or for a short period of intensive service, and then re-evaluate the level of service. Consultation involves the therapist meeting with the classroom teacher on a regular basis to discuss student needs. They design interventions together which are implemented by the classroom teacher.

Operational Goals

The Department of Special Education is guided by the following goals.

1. Assist classroom teachers in the implementation of effective early intervention strategies for students experiencing problems in the regular classroom which affect learning.
2. Involve parents as part of the decision-making team for special education students.
3. Modify the learning environment through collaborative efforts with regular educators.
4. Consider and recommend education in the least restrictive environment.
5. Develop and implement a quality IEP for all special education students to assist them in realizing their potential.
6. Provide comprehensive academic, vocational education and support services.
7. Develop collaborative relationships with community agencies.
8. Provide transition planning for all special education students to assist them in adjusting to adult community living.
9. Assist students and teachers by participating in a team problem solving approach.
10. Support building efforts in site based management and initiative to return special education students to their neighborhood schools.

INPUT EVALUATION

Budget

During the 1993-94 school year, the entire budget for special education support service and instructional programs equaled $36,359,397. The sources of the revenue were state weighted special education money and the Iowa and Federal Departments of Education.

Projected Revenue
1993-94

State Funds through AEA 11	$5,058,805
AEA Money for Neighborhood Schools	128,240
Federal Part B	1,283,128
Federal 619	187,917
Federal Part H	26,125
Chapter 1 Handicapped	47,380
Weighted Budget	26,833,072
Phase 11	344,730
Tuition	2,450,000
Total	$36,359,397

Projected Expenditures
1993-94

	AEA	Federal	State Weighted	Total
Salaries	$3,722,005	$1,148,967	$12,813,710	$17,684,682
Benefits	1,081,194	344,740	4,359,511	5,785,445
Travel	51,530	17,226	----------	68,756
Transportation	----------	----------	2,010,000	2,010,000
Purchased Services	116,476	8,598	1,259,165	1,384,239
Supplies	39,360	13,312	186,925	239,597
Equipment	118,110	11,807	69,078	198,995
Custodial and Utilities	----------	----------	225,000	225,000
Indirect Costs	150,000	----------	8,492,587	8,642,587
Total	$5,278,675	$1,544,650	$29,415,976	$36,239,301

Unencumbered revenue of $120,096 will be used as needed for additional staff and equipment.

Human Resources

Position		Full Time Equivalent
Administrators		7.5
Teachers		315.5
Support Staff		103.6
Speech-Language Pathologists	26.1	
Occupational and Physical Therapists	11.1	
Consultants	18	
Home Interventionists (Preschool)	6.8	
Social Workers	15.7	
Psychologists	15.9	
Nurses	3	
Work Experience Coordinators	6	
Itinerant Teacher for the Visually Impaired	1	
Associates		219
Clerical		8
Total Staff		**653.4**

Inservice and Staff Development

Many inservices and staff development opportunities are offered to special education staff members. Most of these are done during contract time and are listed in the Process Evaluation section of this report. The following represent those staff development offerings funded by Heartland AEA.

Autism Training (Project TEACCH)	$18,000
Building Intervention Cadre (BIC) Training	8,000
IEP Training	50,000
Sign Language Training	2,000
Visual Motor Assessment Training	1,200
Head Injury Resource Team Training	1,850
Deaf Culture Training	500
Collaborative Consultation	3,000

Textbooks and Materials

Special education programs and services use a variety of textbooks and materials in order to meet the diverse needs of the students served. Special education students are included in districtwide textbook adoptions. Alternative textbooks, supplemental materials, and specialized adaptive materials utilized to follow the district curriculum but tailored to meet the various needs and

learning styles of students are purchased with special education weighted dollars. Textbooks and materials addressing daily living skills, social skills, career/vocational skills and functional academic skills, are used with students who need alternative curriculum offerings. Specialized textbooks and adaptive materials are used with students who are deaf or hard of hearing, visually impaired or physically disabled.

Equipment and Assistive Technology

Students enrolled in special education programs and services are provided the same type of furniture and equipment as other students in the district. Adaptive equipment is provided to students with special physical and instructional needs through special education support and weighted monies.

Under IDEA guidelines, the district is responsible for providing any assistive devices a student in special education may need in order for that student to benefit from his/her educational program. This includes a Speech Viewer in use with deaf students at Lucas, telecommunication devices, captioning equipment, Braille printers, special chairs, micro switches, augmentative communication devices and specialized vocational assessment equipment. As ease of access to technology has improved, many more students have been, and continue to be, identified who require assistive devices.

Community Resources

Interagency Programs

Des Moines Public Schools provides several education programs for students with behavioral disorders in conjunction with the following hospitals or treatment centers: Broadlawns Hospital, Lutheran Hospital, Iowa Methodist Medical Center, Des Moines Child Guidance Center, and Orchard Place Residential Center. These facilities provide appropriate classroom space, plant maintenance services, and a significant portion of the furniture and equipment necessary for effective classroom operation.

Parent Training

Special training is provided to parents of children with disabilities. These services range from special individual problem-related training to group instruction in areas of general interest. The district participates in the Parent/Education Connection program which is facilitated through Heartland AEA. Parents are employed through this program to disseminate information and provide problem-solving assistance to special educators and families.

PROCESS EVALUATION

Job Descriptions

The Department of Education has allocated Area Education Agencies and Local Education Agencies with designated special education positions to deliver or support teaching and learning for students with disabilities. The following job descriptions illustrate the broad range of services provided by the Special Education Department in instructional or support of students with disabilities.

Director of Student Services: (1) plans and organizes the type and location of special education programs needed throughout the district, (2) develops the special education budget to maximize the district's financial resources, (3) provides leadership and support which fosters the development and implementation of new and innovative special education programs in each disability area, (4) serves as a liaison between the Des Moines Public Schools and Heartland AEA 11 Division of Special Education, (5) evaluates the district's special education programs to determine the short and long term goals of the Special Education Department, and (6) oversees the management of the departments of Guidance and Counseling and Health Services.

Special Education Supervisors: (1) plan, implement, monitor and evaluate the overall programs for students in special education; (2) plan and manage the disability specific budgets; (3) provide leadership and support to special education teachers and support staff in the implementation of programs and services for students with special education needs; (4) serve as a liaison between the Des Moines Public Schools and community agencies, Heartland AEA 11 and the State of Iowa Department of Education in all matters pertaining to special education programming in Des Moines and surrounding communities; and (5) provide direction and support to the parents of students with special needs.

Principals of Special Schools are responsible for the management of the building and providing instructional leadership necessary to meet the individual needs of each student in the building.

Special Education Teachers possess a working knowledge of curriculum and methods for individualizing instruction. They are responsible for determining individual student needs through assessment and collaboration with other professionals. They are also responsible for providing direct instruction to students with special needs and consultation to regular educators.

Consultants provide direct ongoing support to special education instructional programs. They are involved in planning, staff development, curriculum development, methodology, and consultation to administrative and instructional personnel regarding services to special needs students.

Occupational Therapists provide evaluative and therapeutic services to students in the areas of fine motor skills, eye-hand coordination, self-help skills, activities of daily living, and gait. They are responsible for working with students and staff in order to facilitate student progress.

Physical Therapists provide evaluative and therapeutic services to students in the areas of gross motor skills, mobility, and positioning. They are responsible for working with students and staff in order to facilitate student progress.

School Psychologists assist in the identification of needs regarding behavioral, social, emotional, and educational functioning of pupils; analyze and integrate information about behavior and conditions affecting learning, consult with school personnel and parents regarding planning, implementing and evaluating individual and group interventions; counsel with parents, pupils and

families; provide parent and teacher inservice education; and, conduct applied research related to psychological and educational variables affecting learning.

School Social Workers provide the necessary social services to complement the building's total educational program; assist building personnel to become familiar with the services available and the procedures to request them; and serve as liaisons to appropriate community agencies and services.

Speech-Language Pathologists provide a program of clinical speech/language services necessary for identifying, planning, coordinating and implementing remediation, within the total educational framework, according to the individual needs of pupils educationally handicapped by deficits in oral communication.

Itinerant Vision Teacher is responsible for providing students with the necessary materials and training in order to participate in regular school programs. This person must also work closely with regular education staff to facilitate this process.

Work Experience Coordinators provide support and assistance to instructional staff in developing and maintaining vocational instruction. They initiate contacts with employers to develop job sites and to supervise students at work. Work experience coordinators confer with students, teachers, parents, school personnel, and community agencies to coordinate vocational services.

Certified Occupational Therapy Assistant works under the direction of the occupational therapists to provide direct therapeutic services to students, makes adaptive devices or adaptations to equipment, and keeps therapists informed of student progress.

Communication Associates assist in carrying out the goals of the program by working with certain students who have articulation, language, voice or fluency disorders, under the supervision of the speech-language pathologist.

Itinerant Associate is responsible for carrying out instructional programs designed by therapists such as typing and computer skills to assist students in regular classroom participation.

Sign Language Interpreters translate the spoken word into the language of signs for deaf and hard of hearing students in mainstream settings. They are also responsible for orally interpreting the signs of deaf students.

Special Education Associates provide assistance to special education programs and students under the direction of a certified teacher.

Management Systems for Monitoring Instruction

When a student exhibits a problem in making progress within class at school, a problem-solving approach is used prior to formal referral to the Child Study team or Student Services team. Accommodations are made and/or interventions are designed, implemented and monitored as part of pre-referral intervention. The chart on the following page (taken from Des Moines Public Schools Manual of Policies and Procedures in Special Education) illustrates the sequence from formal initial referral to placement in special education.

Flow Chart: Sequence for Special Education Intervention Placement

Individual(s) Responsible	Activity	Outcome
Teacher and Others	REFERRAL - PART I COMPLETED	
Principal, Referring Teacher Child Study Team	INITIAL CONFERENCE HELD	EXIT: Resolve at Building Level
Principal/Teacher	PARENT SIGNED CONSENT FOR EVALUATION (Parents given information on Parents' Rights in Special Education)	
Principal	REQUIRED EVALUATIONS SCHEDULED WITH APPROPRIATE SUPPORT PERSONNEL	
Child Study Team	REQUIRED EVALUATIONS COMPLETED/ PRINCIPAL NOTIFIED	
Child Study Team	DOCUMENTED EVALUATION RESULTS PREPARED FOR STAFFING (A DATA COLLECTION CONFERENCE MUST BE HELD FOR STUDENTS BEING CONSIDERED FOR B.D. PLACEMENT)	
Principal	STAFFING DATE SELECTED/SCHEDULED	
Principal/Child Study Team/Special Education Consultants	STAFFING PERSONNEL NOTIFIED	
Child Study Team	STAFFING HELD, PART II COMPLETED	EXIT: Resolve at Building Level
Department of Special Education	STAFFING REPORT PROCESSED	
Principal/Consultant/ Resource Teacher/ Support Personnel	PARENT CONSENT FOR PLACEMENT	
Program Consultant	PLACEMENT ESTABLISHED	
Program Consultant	NECESSARY TRANSPORTATION ARRANGED	
Special Education Staff/Parents	INDIVIDUAL EDUCATIONAL PLAN DEVELOPED AND IMPLEMENTED	

Three Year Staff Development Plan

Des Moines Public Schools has a contractual agreement with Heartland AEA 11 to provide special education instructional and support services. Approximately one-third of the special education services within Heartland AEA are provided in Des Moines Public Schools. Special education administrators work closely with counterparts at Heartland to maintain quality programs, do research in the field, develop innovative special education programs, and plan inservices for instructional and support staff.

Special education teachers, regular classroom teachers and Student Services support staff participate in a variety of inservice activities to increase their knowledge and skills in the following areas:

1. Building Intervention Cadre (BIC) as a pre-referral resource
2. question based referral and assessment
3. functional assessment
4. curriculum-based measurement
5. generic progress monitoring
6. writing IEPs
7. collaborative consultation
8. cross-categorical training
9. team building
10. low incidence conditions
    a. autism
    b. traumatic brain injured
    c. drug-affected students
    d. Attention Deficit Hyperactivity Disorder

Staff Development Sessions, 1990-1993

Inservice	Number of Staff Involved	Expected Improvements
Administration of Medicine in Schools	150	Improved implementation of health care plans
Alternative Eligibility Inservice	50	Implementation of pilot for alternative eligibility (joint effort with AEA)
Attention Deficit Disorder Inservice	30	Increased accommodations for students
Authentic Assessment	25	Additional strategies in ongoing assessment
Autism Assessment and Training	10	Improved skills in identification/assessment of autism
Boys Town Social Skills Training	75	Increased skills
Cardio-Pulmonary Resuscitation	60	Maintenance of certification and skill

Inservice	Number of Staff Involved	Expected Improvements
Classroom Intervention Techniques	25	Improved skills in collaboration
Collaborative Consultation	80	Increased collaboration in the classroom
Compliance Inservice	750	Increased knowledge and application
Computer Skills With Disabled Students	200	Increased learning
Crane-Reynolds Social Skills Training	45	Imcreased skills
Cross-Categorical Training for Support Staff	60	Increased skills
Deaf Culture Awareness	35	Increased awareness and sensivity
Facilitative Communication	100	Better understanding of techniques
Flexible Caseload Management	25	Better use of skill building and generalization techniques
Full Inclusion Inservice	150	Increased awareness and adherence to assist in building planning
Generic Progress Monitoring	40	Increased skills
Head Injury	15	Increased skills
Instructional Techniques for Drug-Affected Children in Schools	60	Increased skills
Least Restrictive Environment (LRE) Training	150	Increased awareness and adherence to assist in building planning
Multicultural Assessment and Sensivity Training	150	Increased awareness
New Special Education Associate Inservices	45	Clarity in roles/responsibilities
New Special Education Teachers' Inservices	95	Clarity in roles/responsibilities
Non-Aversive Behavior Management Training	175	Increased skills
Parent Sign Training	20	Increased sign skills
Progress Monitoring (Curriculum Based Based Measurement)	125	Use of reading, math, written language probes to monitor student progress

Inservice	Number of Staff Involved	Expected Improvements
Project TEACCH (Teaching, Evaluating, and Assessing Children with Communication Handicaps)	85	Improved programming for children with autism
Returning Students to Neighborhood Schools	150	Increased understanding, support and improved services to students
Section 504 Training	100	Increased knowledge of law and application to students
Serving Students in the Neighborhood School	300	Increased awareness
Sexual Harrassment Training for Special Education Staff	200	Increased awareness and sensitivity
Sign Language Evaluation Training	30	Improved sign skills
Skillstreaming	65	Increased skills in social skills instruction
Special Education Legal Issues Inservice	80	Increased knowledge of law and application to students
Speech Services vs ESL Services	25	Better understanding of ESL criteria
Stuttering Therapies	25	Increased variety of interventions
Suspension/Expulsions Inservice	50	Increased knowledge of federal rules and recent court decisions
Transition of Special Education Students	147	Implementation of new federal regulations
Using Language Labs	25	Improved techniques in classroom interventions
Visual Motor Assessment	10	Improved assessment techniques
Working with Special Needs Students in Vocational Areas	90	Increased awareness and skills in making modifications for students
Working with Voice Disorders	25	Increased awareness of community resources and improved techniques
Writing Quality Individualized Education Programs (IEPs) Inservice	325	Increased skills and IEPs that meet or exceed compliance reviews

Other Process Evaluation

At the conclusion of each school year, the various support services review case records and files to collect designated information for state reports that identify, describe and enumerate the various services and activities provided to eligible students, parents and instructional staff. The services provided are collectively monitored by individual building administrators, supervisors of instructional content areas, the supervisors of each respective support service and, ultimately, reviewed and discussed with the parent at appropriate intervals. The information is reported in several categories: assessment, intervention, staffings, problem solving, conferences, and outcomes at termination of service.

Influence of Technology

Technology has been a major influence in direct and indirect service to students with disabilities. Special education teachers, support staff, and administrators keep current on the development of technical tools to assist students. An example of this sophistication is the use of auditory trainers and the speech viewer for use with students with hard of hearing and deaf students. This equipment allows students to effectively use any of their remaining hearing and to visualize speech patterns in order to improve communication. Another example of technical developments with direct benefit to students is the use of computers and micro switches. Additional assistive technology devices (i.e., Intro Talker, McCaw, The Wolfe, specially designed word processors) have been purchased for students with special needs throughout the district.

The Special Education Department purchased a number of Apple IIe computers between 1982 and 1985. The Apple IIe computers have been used by students for drill/practice, reinforcement, word processing, or as an assistive or accommodation device. They have also been used by teachers as a word processing program to write IEPs. In keeping with District Technology Committee recommendations, this department will no longer replace Apple IIe computers. As financial resources are available or can be redirected, Macintosh computers have been and will continue to be purchased.

Indirect service to students has improved greatly with the refinement of portable computers. At compressed planning conferences with support and administrative staff, recommendations were made to use Macintosh computers to streamline special education paperwork requirements. Since 1990, the Special Education Department has been able to purchase five Macintosh computers for support service staff use in Room 480 at Central Campus. This staff computer lab has also been used by other district administrators. Additionally, a Macintosh computer was purchased for work experience coordinators' use at each high school. This year, 13 laptop computers (Powerbooks) were purchased for each special education and building-based support team. The use of Powerbooks has the capacity to assist these teams in maintaining and retrieving data at the building level.

PRODUCT EVALUATION

Accomplishments

Des Moines Public Schools mission of "providing a quality education to a diverse population of students where all are expected to learn" is perhaps best exemplified through the comprehensive special education instructional and support services provided to students with disabilities. The district's long-term commitment to special education has resulted in an unrivaled continuum of special services and programs for students from birth to age 21 who exhibit a variety of disabilities ranging from mild to severe in nature.

Special education programs and services are driven by Individualized Education Plans (IEPs) which have been mandated by federal law since 1975. An examination of this IEP driven process provides further evidence of the strengths and weaknesses inherent within the special education delivery system. IEPs represent the cutting edge of education in that they: (1) focus on identifying the individual student's educational needs, learning styles, and potential; (2) focus on maximizing individual students' skills and abilities to their fullest potential; (3) encourage joint collaboration and cooperation between parents, community resources, and interdisciplinary school teams; and (4) do not rely on comparison to standardized tests and norms as primary indicators of an individual student's success or failure.

In support of the district mission, the district has focused attention on shared decision-making and the empowerment of individual schools for making decisions that directly affect the students they serve. This has been the focus of special education for many years with regard to the multidisciplinary team process for developing student programs. Recently, special education staff have been involved in several activities which support this focus further.

First, in the fall of 1992, Student Services support staff assignments were reorganized. The assignment of consultants, work experience coordinators and occupational and physical therapists by school rather than by program has assisted with communications and continuity within each school.

Second, activities related to the Neighborhood Schools Project conducted over the past three years indicate that the district is ready to move all children back to their neighborhood school unless programs and services to support a student are not appropriate in such a setting. This gives each school the responsibility of sharing in the decisions related to each student in need of special education services.

Third, a survey was conducted during the 1991-92 school year regarding support staff work space in schools. Concerns identified in that survey report were shared regarding building plans during the Vision 2005 meetings.

Adherence to Standards, Policies, or Regulations

Special education programs and services are driven by the Individualized Education Plan (IEP) mandated by federal law. IEPs are developed by teams of professionals working with each student and are designed to address individual student needs.

The Iowa Rules of Special Education state that AEAs have the responsibility to "...conduct activities in each constituent school district at least once every three years to monitor compliance with the provisions of all applicable federal and state statutes and regulations and rules applicable to the education of handicapped pupils," (Department of Education, Rules of Special Education, 1988).

Due to the size of the district, Heartland AEA 11 has initiated compliance visitations in one-third of the Des Moines schools each year. This allows all schools to be involved in the compliance review at least once every three years. In addition, during the 1993-94 school year, both state and federal compliance review officers will visit a selected number of schools.

Previous compliance review reports were consistently complimentary to the district. The district Student Services Department responds with corrective action plans in the areas designated by the compliance report. These reports are available from the Director of Student Services.

Surveys

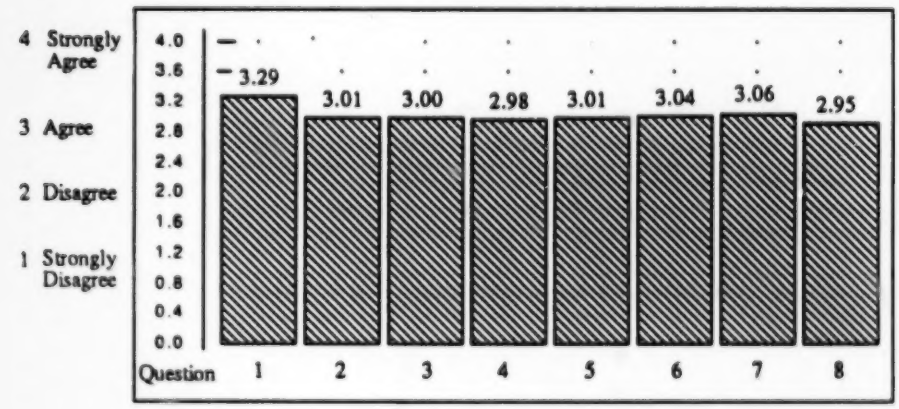
Since the last program evaluation in 1990-91, the Department of Student Services has conducted a number of surveys in an attempt to measure program effectiveness and consumer satisfaction. The data collected are reported in this section.

Parent Satisfaction Survey

The parent educators conducted a parent satisfaction survey in the fall of 1993. The department worked with personnel from the Department of Information Management to ensure the survey items and scale. A total of 150 parents were contacted by phone and asked to respond to a series of questions. Each question was rated on a four point scale: strongly agree, agree, disagree, strongly disagree. The eight questions were:

1. The IEP meetings I attend are important in planning the educational program for my child.
2. The school encourages my participation and involvement in the IEP process.
3. My child's special program focuses on his/her most critical needs.
4. The Des Moines district provides good programs for students requiring special education.
5. The special education staff is sensitive to the problems faced by children with special needs.
6. I have a good relationship with my child's special education teacher.
7. Communication between home and school is good.
8. Overall, I am satisfied with the current special education program my child receives.

The results were as follows:



The overall results from this survey are viewed quite favorably, particularly when one considers the significant problems many families face, the stress that results from having a child with special needs, and the denial that parents normally experience as their child enters special education.

In analyzing comments, continued efforts need to be placed on transitioning students from elementary to middle school. Also, there are areas related to the development of the IEP which need to be refined. This need has already been addressed by districtwide inservices which occurred last summer.

Individual Education Plan (IEP) Survey

During the fall of 1993, a survey of progress on IEPs was conducted. The Student Services Department worked with personnel from Information Management in development of this survey. One hundred fifty IEPs were randomly selected from a pool of approximately 3400 to be reviewed.

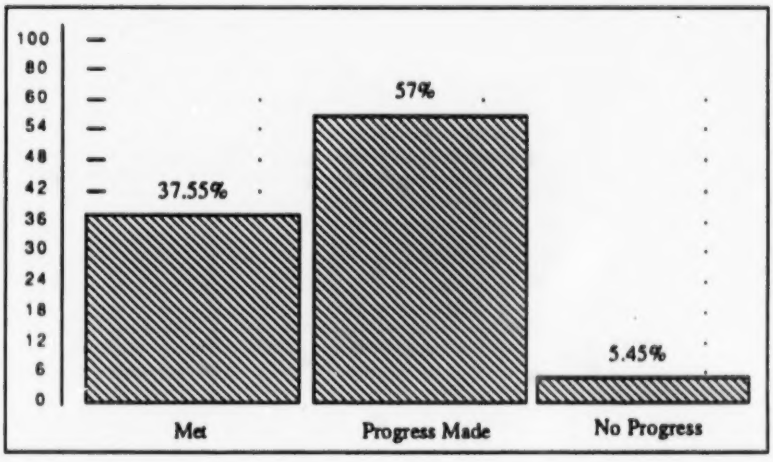
IEPs include student goals and objectives which are developed by parents and a team of school personnel. Goals and objectives outline specific skills that will be taught to the student during the next school year. Each IEP is designed to meet the unique needs of the student for which it is written.

Goals reflect the overall skill to be taught. Objectives are more specific, intermediate skills which must be mastered before the overall goal is achieved. At least two short-term objectives must be listed for each goal. Most IEPs include several goals.

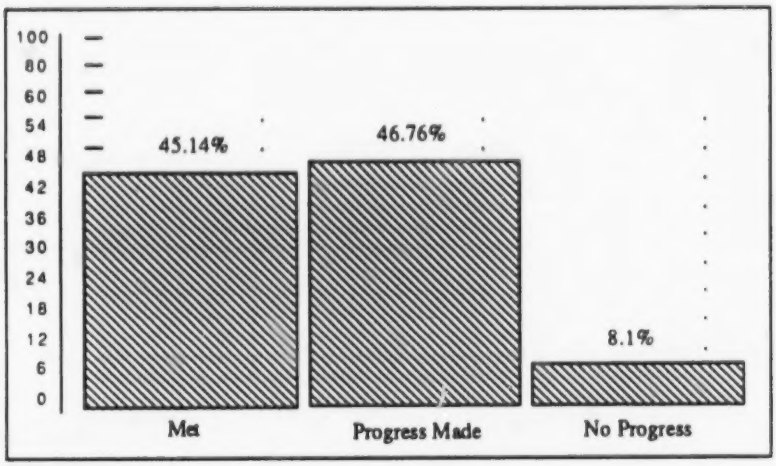
The 150 IEPs surveyed included a total of 530 goals and 1728 objectives. Goals and objectives on IEPs are evaluated in one of three ways: Met, Progress Made, or No Progress. The following tables represent the data that was collected.

	Total	Met	Progress Made	No Progress
Goals	530	199	302	29
Objectives	1728	780	808	140

Progress on IEP Goals (based on percentage)



Progress on Objectives



IEP teams see the vast majority of students making progress on their individually tailored education. The survey does reflect the past practice of establishing goals and objectives which would require more than one year to accomplish. Thus, on the survey, there are a higher percentage of goals and objectives evaluated as "progress made." Districtwide inservicing conducted last summer (1993) focused on helping staff to establish only goals and objectives which can reasonably be mastered in one school year. It is expected that in the next IEP cycle, that the totals for the items marked "met" and "progress made" will be significantly different.

Special Education Withdrawal Survey

Data regarding the withdrawal rate for high school special education students was collected for the 1992-93 school year. Withdrawals for this survey were defined as students who dropped out of school or students who did not enroll in the fall and for whom no records were requested from other districts. Only mentally disabled, behavioral disordered and learning disabled students were included in this survey. Students with low incidence disabilities represent a very small number of students and were omitted.

The following withdrawal rates by categorical disability were obtained:

- Behavior Disorders 8.6%
- Learning Disabilities 5.5%
- Mental Disabilities 4.3%
- Average Rate for the Three Disabilities 6.2%

These figures represent a significant decrease in the number of withdrawals over the previous three years when the average rate was 13.2%. These figures are particularly encouraging when compared with the most recent state figures of 23.7% and a national rate of 27.4% for special education students.

Survey of School Psychology Services

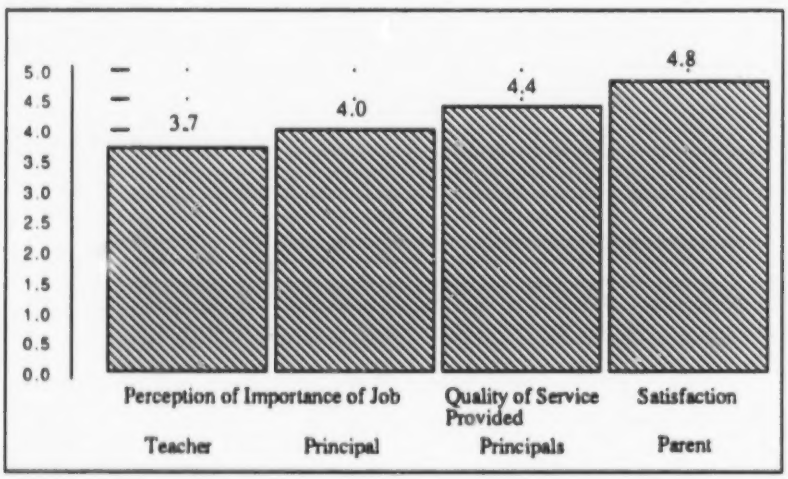
Three surveys were conducted during the 1992-93 school year. Teachers and administrators were surveyed to determine the importance they place on psychological services. Teachers and administrators rated the importance of 20 separate job responsibilities on a 1 to 5 scale (5 being most important). Teachers rated ten job responsibilities as highly important. Principals rated 13

areas as highly important. Teachers viewed the role of psychologists as important with an overall rating of 3.7. Psychologists received an overall rating of 4.0 from administrators.

Administrators were also asked to evaluate the quality of service they have experienced from psychologists in the district. Forty administrators responded to this survey. On a 1 to 5 scale, the quality of service was rated at 4.4.

Finally, parents were surveyed in order to measure their satisfaction with the services school psychologists provide. An overall rating of 4.8 was received, suggesting parents are quite satisfied with this service.

The following table summarizes the overall results of the three surveys, using a 1 to 5 scale.



Survey of Occupational Therapy (OT) Services and Physical Therapy (PT) Services

Occupational and physical therapy services were evaluated during the 1992-93 school year. A random selection of approximately 10 percent of the students receiving services were involved in the evaluation. Of these students, 45 percent received direct therapy, 40 percent received integrated services which includes direct work with students and consultation with teachers, and 15 percent received consultation with teachers only. All students made gains during the year except one student who has a progressive disorder.

Teachers and parents of the students selected for this study were surveyed during the spring. There was 100 percent response on teacher surveys, with only one teacher indicating dissatisfaction with the intervention level provided by the therapist. Others indicated above average satisfaction with services and student progress. Forty-five percent of the parents responded to the surveys. All of them were highly satisfied with the services and progress made by their children.

Outcomes from Departmental Objectives

The needs identified in the Future Planning section of the 1990-91 Special Education Program Evaluation Report have provided the focus for the subsequent development of department and supervisor objectives.

1. Renewed Service Delivery System (RSDS) Initiatives
   The district's Neighborhood Schools Project, funded by the Department of Education from 1989 through 1992, has provided the foundation for numerous innovations which have subsequently been incorporated districtwide. They include the following:
   - The expansion of Building Intervention Cadres (BICs) to all elementary buildings, seven middle schools and three high schools.
   - The continued expansion of extensive special education/regular education collaboration in the district's special education resource programs.
   - The departmentalization of high school self-contained programs on a multicategorical basis has promoted increased collaboration, increased flexibility in service delivery, and an integrated approach to instruction.
   - Functional assessment through the use of Curriculum Based Measurement (CBM) and other criterion-based measures has been incorporated districtwide into the special education identification and instructional assessment process.
   - An alternative eligibility study is currently being piloted in conjunction with Heartland AEA for the identification of mildly disabled students according to functional instructional needs as opposed to categorical guidelines.
   - The expansion of integrated, inter-disciplinary support services at the building level.

2. The development of a districtwide neighborhood school service delivery model for students currently served in geographically clustered self-contained programs.
   Activities in this area have included:
   - A significant increase in the numbers of moderately to severely disabled students who are being served through innovative, collaborative practices within their neighborhood school environment.
   - The development of building based awareness and training activities as exemplified by the award winning "Kids Are Kids" video and training activities.
   - Ongoing inter-departmental planning activities in the development and implementation of a comprehensive districtwide neighborhood schools delivery model.
   - Inservice activities for school-based staff involved training in effective parent involvement, collaboration, behavioral management, and integrated planning and instructional techniques.

3. Departmental Restructuring
   Numerous activities have occurred in this area which have significantly helped facilitate and support the district's building-based decision-making initiatives. They include:
   - The restructuring of special education consultant services from a districtwide categorical model to a multicategorical, building-based model beginning with the 1992-93 school year.
   - Beginning with the 1992-93 school year, the reorganization of special education support staff into 13 interdisciplinary teams serving buildings through a geographical zone-based approach.
   - In 1992, the Student Services Advisory Council developed and distributed the "Student Services Job Description Manual" which focused on the inter-disciplinary and collaborative nature of support staff responsibilities.
   - The development and implementation of a building-based support services self-assessment model which focuses on increasing teamwork, collaboration, and responsiveness to building needs.
   - During the 1992-93 school year, a committee studied administrative reorganization and made recommendations. Although those recommendations were not implemented, they provided a basis for further discussion during the current school year. It is anticipated that special education administrative reorganization will occur with implementation of the neighborhood schools.

4. Accountability and Evaluation Activities
Special emphasis has been given in recent years to the development of meaningful accountability measures of special education instructional and support services outcome. Results from these activities are highlighted under surveys in the Product section of this report.

5. Inter-agency Collaboration
Numerous initiatives have been developed, expanded, or continued since the last report. Examples include:
- The educational liaison initiative with the Polk County Decategorization Project originally funded through a Danforth Foundation grant. This initiative continues to be an integral planning and programming component for the development of viable community and school services for severely involved students and families
- The Iowa Methodist Mentoring Project
- Expansion of the clinical and educational services provided at Orchard Place
- The expansion of PACE day treatment outreach services for severely at-risk adolescents
- The development and implementation of the Phoenix Day Treatment Program for Children in conjunction with Orchard Place
- The implementation of the "Unified Sports Program" through Iowa Special Olympics which teams regular and special education students at the middle school level
- Continued expansion of community job training sites within the public and private sectors
- The establishment of an interagency council of professionals serving deaf and hard of hearing individuals
- The collaboration with Heartland AEA and the Iowa Autism Society in the implementation of integrated planning activities and the provision of innovative training activities for professionals working with students with autism
- Nutritionists provided by Iowa Methodist Medical Center to work with special education students

6. Workspace and Accessibility Initiatives
Numerous activities have occurred in the areas of improving accessibility for individuals with physical disabilities and improving the quality of workspace available in buildings for support staff. Examples include:
- A comprehensive physical accessibility study of all the buildings in the district was completed in 1992. The study highlighted districtwide strengths and weaknesses in this area.
- Based on the recommendations of the accessibility study, numerous physical remodeling projects have been completed to improve accessibility throughout the district.
- Stairclimbers and other specialized equipment have been purchased to accommodate specific accessibility needs of students in the district.
- A districtwide study of the quality of workspace available to support staff in all the schools in the district was completed in 1992. Based on the study's findings, the Student Services Advisory Council made specific recommendations to the Instructional Cabinet for the improvement of support staff workspace in buildings.
- Integrated planning activities occurred through the Vision 2005 Project to increase awareness of physical accessibility and support staff workspace needs.
- Districtwide awareness of the legal requirements to provide communication accessibility to deaf and non-English-speaking individuals occurred. Interpreters are provided to accommodate language accessibility needs.

Outcomes from Special Projects

Minorities in Special Education Project
A handbook titled, "Special Needs of Limited English Proficient and Culturally Diverse Students" was developed by an eight member special cadre. The cadre was composed of staff members from Special Education and Intercultural Programs departments. The major issues addressed were as follows:

1. Special considerations and accommodations during the pre-referral process.
2. Non-discriminatory assessment procedures.
3. Communication assessment and use of interpreters.
4. Multicultural issues and legal mandates.

The Special Education Cadre trained 128 school staff during October 1992. All psychologists, social workers, consultants and representatives from building administration and ESL/bilingual staff were involved. The primary focus was on the building Child Study teams who are responsible for making special education placement decisions. These teams will, in turn, train the building staff to meet the needs of culturally diverse and limited English proficient students.

Iowa Methodist Hospital Mentoring Project is an interagency vocational training program for students in the 3.6 Behavioral Disorders program at Alternative North High School.

Case Study

Ray came to Alternative North as a tuition-in student. He had been in several treatment facilities around the state. The diagnostic report from a psychologist in 1990 stated that Ray had "a conduct disorder--undifferentiated type severe, mixed substance abuse episodic, and was passive aggressive with narcissistic traits." When he was enrolled at Alternative North, he was placed at a group home in Des Moines. Ray had a physical appearance that set him apart from the crowd. He wore his very curly red hair long and standing straight up on the top of his head with the aid of some sort of hair care product. Army fatigues were his usual form of dress, complete with boots.

Due to his relative newness to the program and rather bizarre appearance, Ray was not one of the first choices for the mentoring program. However, he stated that he was truly interested and demonstrated his willingness to follow classroom rules in order to earn a chance. Ray maintained a 90 percent or better average for every week of his first year in the program. He was given a trial placement in the vocational program at Iowa Methodist during the second year of the project and was so successful in this that by the end of the year there, the hospital stated their wish to hire him as a regular part-time employee. During the first year at Methodist, Ray gradually began to alter his appearance in order to conform to hospital standards. Much credit for his success must go to the worker who served as Ray's mentor. The mentor developed a relationship with the student that allowed him to give many suggestions as to dress, look and behavior without the student feeling negative. Ray graduated in the spring of 1993 and is still employed, now full time, at Iowa Methodist Hospital, maintains his own apartment, and has been chosen as a mentor for another student coming into the program!

Summary Data
(From 1991-92 to Present)

Total # Students Served	#Successfully Completing Program	#Moving Out-of-District	Dropped Due to Poor Performance	# Currently Enrolled
35	24	2	2	7

Follow-up Data on the 24 Graduates of the Program

Competitive employment in community	13
Currently employed at Methodist Hospital	4
Currently enrolled at DMACC	3
Not currently employed or in school	2
Whereabouts unknown	2
Total	24

Sign Language Evaluation Project

The Sign Language Evaluation Project was initiated in the fall of 1992. A model for evaluating sign skills was developed and adapted in cooperation with Boys Town National Research Hospital. Staff and deaf adults were trained in this model. This process allows the district to provide very specific diagnostic feedback to people who use sign language as part of their job. As the district hires new staff to work with deaf children, applicants will go through this process to insure the adequacy of their signing skills. The district served as a pilot for this project. The state has since adopted this model for statewide implementation in the fall of 1994.

Unified Sports Program

The Unified Sports Program is an activity that teams students with special needs with non-disabled students to train, socialize and complete in selected team sports. In September, 1993, the Des Moines Public Schools received a grant from St. Paul Fire and Marine Insurance for $15,000 funded through Iowa Special Olympics, Inc. to develop a Unified Sports Program. An additional $4,000 was received in February, 1994.

Over 850 students from each of the district's middle schools participated in a bowling competition this fall. The students were paired into teams and went bowling four times and had culminating awards banquets. It is unlikely that these students would have socialized or made acquaintances without the structure of the Unified Sports Program. The Unified Sports Program is an excellent example of the collaboration of foundations, corporations, civic service organizations and the Des Moines Public Schools.

"Kids Are Kids" Videotape

"Kids Are Kids" is a videotape that describes current activities within our district to mainstream students with special needs into regular education classes. The videotape received The Association for the Severely Handicapped (TASH) media award and the 1993 Inclusion Award by "Exceptional Parent Magazine." The videotape was produced by the departments of Special Education and Early Childhood in partnership with the Department of Board and Community Relations. It is available from the Department of Board and Community Relations.

Head Injury Resource Team

Since 1990, the district has had a resource team with the mission of training and assisting staff across the district who serve students with head injuries. Members of the resource team represent many disciplines and serve schools across the district.

When a student is identified as having a head injury, the school nurse completes the State Head Injury Registry form and sends it to the resource team chair. The students is added to the district list and the form with confidential information removed is sent to the State Department of Education.

If the student has been working with a hospital program, the hospital staff meets with school staff and/or sends specific information to the school regarding adaptations the student will need upon re-entry to school. Information packets have been developed by the resource team to assist teachers in evaluating student needs and making adaptions to materials and instruction. This information is disseminated to teachers whenever a student is identified. A member of the resource team also talks with the school support staff in order to provide assistance when needed.

Many students with mild head injuries are enrolled in regular education programs and doing well, but need adaptations to accommodate losses in executive function skills (skills related to the ability to organize and make appropriate judgments in social and personal situations). Still others require special education programs to address their behavior and/or academic programs as well as their deficits in executive function. Students are placed in categorical or multicategorical programs based on their programmatic needs.

School-Community Partnership for Severely At-Risk Youth

In September of 1990, the Des Moines Independent Community School District and the Polk County Decategorization Project jointly submitted a grant proposal to the Danforth Foundation. The proposed project, the "Polk County School-Community Partnership for Severely At-Risk Youth," was designed to help the Des Moines School District work with the Polk County Department of Human Services and others in the child welfare system to better address the educational and social needs of very troubled children who previously have been considered too difficult to maintain in the community. The premise of the Decategorization Project was to increase the potential for greater individual case planning for these children at risk and their families by combining the resources of the child welfare system with the benefits of public education programming. In doing so, both the schools and the child welfare system have worked together in planning for these children, in terms of preparing the schools receiving the children, in coordinating case plans, and in providing support services.

The heart of the school-decategorization partnership is an education liaison position developed to bridge Des Moines Public Schools and child welfare efforts to address the educational and social needs of children, particularly those returning to the community from out-of-home placements or in danger of being removed from their homes. The goal of this position is primarily service coordination, planning, and consulting to build and promote a vision and service approach shared by the school and child welfare system.

Since 1990, the primary thrust of the school-decategorization partnership has been case-by-case planning. Although much effort has focused on a limited number of children, the resulting lessons have paved the way for more generalized opportunities for children and families. Results of the project provide evidence that traditional service delivery systems can be altered to better meet the needs of individual children and their families and that interagency collaboration is the vehicle for achieving the goal of improved outcomes for children. The lessons learned further demonstrate the potential for combining the resources of the child welfare system with the benefits of public education programming to provide the likelihood that educational experiences are successful for both the child and the school.

Awards

Staff Awards

Brenda Auxier-Mailey	U.S. West Grant for Job Site Development
Cindia Badger	Iowa Special Olympics Coach of the Year (May, 1991)
Lorna Carroll	President of State Vision Association
Des Moines Public Schools	Exceptional Children's Award for Inclusion Film "Kids are Kids" TASH Media Award Parent Magazine Award
Elaine Ericson	Secretary of Iowa Council for Exceptional Children
Dagny Fidler	President of Iowa Council for Exceptional Children - Mental Disabilities/Developmental Disabilities
Richard Hood	Co-chair of Computer Resource ISHA
Tom Jeschke	President Elect of Council of Administrators of Special Education National CASE Outstanding Special Education Administrator Award, 1994
Sheryl Knox	Registry of Interpreters for the Deaf Licensure
Rick Lussie	President Elect of Iowa Council for Exceptional Children - Mental Disabilities/Developmental Disabilities
Juanita McBeth	President, Central Iowa Speech Hearing Association
Phylis Pratt	Teacher of the Year Award U.S. West
Larry Sargent	President Elect of Iowa Council for Exceptional Children
Carrie Snyder	National Association for Industry/Education Cooperation Award

Student Awards

Angela Earhardt	Valedictorian at Lincoln
Rob Evans (RVM student)	Selected to give welcome address at Iowa Special Olympics to 3,000 athletes (May, 1993)

Costs vs. Benefits

By federal law, districts must provide appropriate programs and support services to students in need of special education regardless of the cost. Des Moines provides such assistance to approximately 3,700 students. This is a very diverse group. State and federal law requires that each of these students receive an educational program specifically developed to meet unique, individual needs. Thus, a true cost versus benefits analysis is difficult. Looking at specific cases may serve as the best way to highlight benefits. A small sample of cases include:

- John, an adolescent with severe development disabilities, is working on independent living skills which will allow him to live in a group home and not become a burden on his family.
- Randy can now participate in his fourth grade class since his dysfluency (stuttering) has decreased.
- Helen, a teen who experienced severe brain damage in a car accident, is slowly regaining skills she possessed prior to her injury.
- Angela, a deaf student, is now attending Duke University after being valedictorian at her local high school.
- Sammy, a drug affected infant, is learning how to calm himself as opposed to screaming during the time he is awake. His parents receive support and training in parenting skills.
- Andrew, an autistic, deaf youngster, is able to remain in the local community and is beginning to be integrated into an elementary school building.
- Ray, a behaviorally disabled student, was able to avoid institutionalization and is now gainfully employed.
- Jackie was able to graduate from high school in spite of her learning disability which resulted in severe reading problems.

This is merely a sampling of students and families whose lives have been affected by special education services. Often the benefits to students are hard to quantify because they include things like increased productivity, becoming a contributor versus a burden to society, maximizing individual potential, and the mere joy in living. Due to the very limited adult services available, it is imperative that every effort be made to prepare students to face the challenges of adult living when they leave the school setting. Failure to do so will only result in lost opportunities and an increasing need for government support to care for many of these students as they become adults.

FUTURE PLANNING

Traditional service delivery models have been called into question as special education services continue to evolve. Many of today's students exhibit increased needs as measured by severity and number. Some of the causes in our society that contribute to the increased need are greater knowledge and awareness, environmental factors that may have medical and neurological implications for youngsters, increased drug use, reduced family support for children, improved medical technology that increases survival rates, and increased poverty with nutritional and emotional implications for students and others.

School reform and transformation efforts are often focused on systemic changes needed to identify the increased needs of students and provide for them in different ways. Districts have been asked to make these changes with improved accountability to the public, but within the context of reduced resources. Listed below are initiatives and external issues that are currently being addressed by the Des Moines Public Schools.

Returning Special Education Students to Their Neighborhood Schools

Over the past five years, the Office of Civil Rights (OCR) and the Office of Special Education Programs (OSEP) have determined that the federal mandate of Least Restrictive Environment (LRE) requires students to be educated in their home school whenever possible. A growing body of court decisions, research, and practice, increasingly supports this interpretation. As a result, the following recommendation was approved by the Superintendent's Cabinet in September, 1993.

"Every child with special education needs should attend his or her neighborhood school UNLESS the staffing team, through the IEP, identifies specific instructional or support needs that cannot be met in that environment, even with reasonable accommodations."

Since this concept will affect all schools and most departments, a districtwide steering committee has been formed to develop an action plan for the implementation of expanded special education instructional services in neighborhood schools. (See January, 1994, paper on Returning Special Education Students to the Neighborhood Schools.)

Student Eligibility Guidelines

Staffing teams in Iowa have historically utilized a variety of admission criteria based on standardized test scores derived from nationally normed assessment instruments. With the advent of school reform and transformation movements, there has been a renaissance in promoting a problem solving approach with a focus on functional assessment. The Des Moines Public Schools have incorporated many concepts related to functional assessment such as CBM and ecological assessment. In addition, the Des Moines Public Schools is piloting a functional approach to problem solving which incorporates new techniques in curriculum based assessment, task analysis and problem solving. In the future, there will be less emphasis placed on the identification of categorical labels for special education students and increased emphasis on addressing individual needs.

Merging Regular and Special Education Service Delivery Systems

Research findings on educating students with mild disabilities consistently indicate that they make no more academic progress in pullout special classes than in integrated settings. The National Association of State Boards of Education (NASBE) has issued a report Winners All: A Call For Inclusive Schools (October, 1992) which calls for major systems changes at state and local level's in order to provide increased inclusion of children with disabilities in regular education classes. Special education will be much more closely aligned with regular education in the future and best

practices will focus on increasing collaborative programming. These changes will dictate numerous inservice activities.

Interagency Collaboration
While inter-agency initiatives have increased in recent years, intensified collaborative efforts with community agencies, advocacy and support groups will continue to remain a priority. This is particularly critical as it relates to treatment options for children who are head injured, medically fragile and students with severe disabilities who are currently being served in out-of-district or out-of-state residential placements.

Draft "Rules of Special Education"
The Iowa Bureau of Special Education has distributed a draft copy of proposed rule changes. The proposed changes more closely reflect federal language and appear to give AEAs and LEAs increased flexibility in the use of non-categorical labels, the determination of service delivery models, the determination of class size, and the implementation of a problem solving approach regarding student eligibility and programming. Special education administrators responded to the draft copy in December, 1993.

Teacher Licensure
Teacher licensure has been an issue across the district for many years. As teachers prepare to work with a more diverse population of students in their home schools, licensure will become a more prevalent issue. This is not just a problem in Des Moines, but across the state as well. Currently, the State Board of Examiners is in the process of examining the teacher licensure requirements and changes are expected to reflect the need.

Attracting and Retaining Special Education Staff
The Special Education Department continues to work with Human Resources to attract and retain special education teachers and support staff who have a strong commitment and highly-developed skills to teach students with disabilities. The licensure issue and non-competitive salary schedules for some support staff areas in the state are contributing factors. There are specific needs to recruit and retain the following special education staff: severe/profound teachers, secondary teachers, consultants and work experience coordinators, sign language interpreters, occupational therapists, physical therapists, and speech-language pathologists.

Technology
An Information Management System (IMS) is being developed by the Iowa Bureau of Special Education in conjunction with the AEAs. The new system should facilitate the development of various reports that are required by the state. The Director of Student Services served on this committee.

Advances in assistive technology have continued to impact the lives of students with severe and multiple disabilities through the use of microswitches and computerized instruction. As a result, students have gained increased independence by being able to interact with and control their environment. The purchasing of this equipment needs to continue as increased numbers of students with multiple needs are identified. There is still variation in skill levels among staff in how to use the Macintoshes and Powerbooks. Further inservice opportunities tailored to special education information is necessary. The department is also planning to purchase cellular phones. The impetus was a concern for safety of staff who deliver home-based special education services.

Vision 2005
There continues to be an absence of appropriate work space for special education support staff. Staff have limited access to telephones. Dedicated space that insures confidentiality is extremely

limited. Direct services to students is influenced by the amount and type of furniture available and the size of the space assigned to the support staff member.

Facilities specifications for special education instructional programs and support services have been recommended for Vision 2005 building plans. It is of critical importance that these recommendations are included in implementation plans. Increased building accessibility, appropriate support service work space, and equitable special education classrooms, will enhance services to students with disabilities.

Leadership

Leadership has been identified as the key variable to systems change in schools. As the Des Moines Public Schools continue to develop a special education service delivery system more responsive to future needs, the leadership will need to continue to be a collaborative effort among the board, administration, teachers, parents, and the community.